

# ANNUAL REPORT

ON THE

## BOROUGH OF BECCLES,

FOR THE YEAR 1895.

THIS REPORT relates to the BOROUGH OF BECCLES, which comprises an area of 1892 acres, and contains a population according to the census of 1891 of 6669 persons, in about 1100 houses.

During the past year, 87 deaths have been registered in the Borough, including those who have come into the district with their fatal illnesses upon them. Estimating the population of the Borough at 6669, the 87 deaths would give a rate of 13 per 1000, or excluding those who have come into the district with their fatal illnesses upon them 12 per 1000, compared with a death-rate of 14.4 per 1000 in the three previous years. Of the 87 deaths, 25 have been under one year of age, and 26 aged 65 and upwards.

During the past year 172 births have been registered in the Borough, equal to a rate of 25.7 per 1000, which is rather below the average for the last ten years.

The following table gives the births, deaths from all causes, and from certain special causes in each quarter of the past year:—

Quarter.	Births.	Deaths.	Seven zymotic.	Phthisis.	Lung.	Heart.
March	40	17	1	0	2	1
June	50	28	0	5	4	5
September	40	16	0	3	1	2
December	42	26	3	2	6	3
	172	87	4	10	13	11

The number of deaths from Phthisis Palmonalis were the same as last year, compared with 7 in 1893 and 6 in 1892. In his year 13 deaths have been registered from bronchitis and pneumonia, compared with 14 in the years 1894 and 1893, and 27 in 1892. The number of deaths from heart disease was 11, compared with 7 in 1894 and 1893, and 6 in 1892.

During the past year one death has been registered from diphtheria, and three from measles. The death from diphtheria occurred in the month of January, and the patient came into the district while suffering from the disease. Of the three cases from measles one was registered in the month of November, and two in December.

Seven deaths were registered from diarrhoea during the past year, one was 15 months old and the rest under one year of age. They occurred in the following months January, May, June, July, September, October and December.

Under the Notification of Diseases Act, during the past year one case of typhoid fever has been reported, two of facial erysipelas, seven of diphtheria, and eleven of scarlet fever.

The case of typhoid fever occurred in the month of December, on premises occupied by a cow-keeper and seller of milk in the suburbs of the town. The steps taken to prevent the spread of the disease were the use of disinfectants and the discontinuance of the sale of milk from the premises so long as the disease existed. Up to the present time no fresh case of this disease has been reported to me, from the same house or from any other portion of the Borough.

The two cases of facial erysipelas occurred in the month of October.

Of the seven cases of diphtheria, two were registered in January, one in April and May, one in July, and two in December. One of the cases reported in January terminated fatally, and in this instance the disease was imported into the Borough.

Of the eleven cases of scarlet fever, four were registered in January, and all occurred in one house belonging to one family, four in February, one in May, one in September, and one in December. The Borough not being provided with any hospital for the reception of infectious disease, the patients were treated at their own homes, and as far as possible steps were taken to prevent the spread of the disease by the isolation of the infected case, the use of disinfectants, and the disinfection of the apartments with sulphur fumigations, after the recovery of the patient.

No death was registered in the Borough under diseases classified under the Notification of Diseases Act, with the exception of the imported case of diphtheria in the month of January.

Apart from the diseases coming under the Notification of Diseases Act, the two which have played a prominent part in the illness and mortality of the past year, have been epidemic influenza and measles. After the severe frost in the month of February when the thaw commenced, influenza manifested itself and became very prevalent in the Borough during the months of March and April, and in many instances assumed a severe form, as many as seven deaths being registered from that disease in the months of March and April. The other disease which occupied a prominent place in the sickness of the past year was measles which manifested itself principally during the last three months of the year, and three deaths were registered from this disease, one being in November and two in December.

In consequence of this outbreak the infant schools were closed for one month.

The following table gives the rainfall, mean temperature and range of temperature during the months of June, July and August:—

	Rainfall.	Mean temperature.	Range of temperature.
June	0.82 ...	57.1 ...	37.0 to 78.4
July	3.80 ...	61.0 ...	44.8 to 80.1
August	3.18 ...	61.3 ...	42.6 to 80.0

One death from summer diarrhoea was registered, occurring in the month of September.

My attention was called during the summer on two or three occasions to the condition of a ditch on the sewage farm leading into the cut close to the gas works, and offensive smells arising from this ditch were complained of at the time of low water. The town surveyor informed me that no sewage matter from the tank was allowed to pass into the ditch, but that it received waste water from Maltings. Steps were taken as soon as possible to have the ditch thoroughly cleaned out, and also to divert the waste water from maltings into the public sewers, so that for the future it will be possible to prevent offensive smells arising from the ditch in very low water.

When compared with previous outbreaks of measles, the late epidemic has been characterized by a diminution in the number of deaths, when the number of children affected is taken into consideration. Although the disease is not notified, and the number of cases is in consequence only approximately estimated, yet there is no doubt that a large proportion of the children under five years of age were affected by it. On previous occasions I have called attention to the fact that the death-rate from respiratory affections in children is unusually large at the time the epidemic lasts, although no mention may be made of measles in the registration of death. On the occasion of the late outbreak this rise in the death-rate from pulmonary affections has not taken place, as during the months the measles lasted no unusual number of children died from pneumonia or bronchitis. Apart from the three deaths registered from measles in the last quarter, only two children under five years of age died from pulmonary affections, whereas in previous outbreaks the proportion has been larger.

In some of the cases of scarlet fever, and in the case of typhoid fever, the want of an isolation hospital for the treatment of infectious diseases was much felt. This was especially the case with reference to the typhoid fever patient. In this instance the disease appeared in a house occupied by a cow-keeper and farmer, who sold milk from the premises. In such a case it would have been very advantageous to all concerned to have removed the patient from the premises as soon as the nature of the disease was ascertained. As the only building for the reception of such cases in the district was the Infirmary at Shipmeadow, connected with the workhouse, and as that could be only legally used for the reception of parochial cases, the patient was obliged to remain at his own house; and to prevent any fear of the disease spreading through the distribution of milk, the sale of that article from the premises was at once discontinued, and continued so until the recovery of the patient, of course at considerable loss to the cow-keeper. Had some isolation hospital been provided in the district for the reception of such cases, this loss need not have been incurred. On one occasion, some years since, in a country village, I had 60 cases of typhoid fever under my care at one time, and in every instance I traced the disease to one dairy from which they all obtained their milk. In this instance the owner of the dairy came into the district while suffering from typhoid fever and died from it, and the milk was sold during the time of his illness and for sometime after his death. Had the sale of the milk been discontinued, when the nature of his disease was ascertained, not one of the 60 cases would afterwards have occurred.

The question of an isolation hospital has frequently been brought under the notice of the Sanitary Authority in these annual reports, and various sub-committees have been appointed to take the subject into their consideration. At the present time a sub-committee has been appointed to ascertain the cost of providing a galvanized iron building suitable for such a purpose, which could, if thought desirable, be taken down when not in use. One advantage of such a building would be the fact that it could be moved from one part of the Borough to another if necessary. There are two or three houses in the Borough which might also be made available for this object, and could probably be purchased by the Sanitary Authority at less cost than building a new one, considering the accommodation thus made available.

The arguments generally used by those who object to the Sanitary Authority providing any house for the isolation of infectious diseases are the expense of building and maintaining such an institution, the smallness of the demand and in consequence the length of time it is likely to remain empty, and the fact that the removal of patients is only in very exceptional cases compulsory, so that while one person from a particular street might be admitted, six others might prefer to remain at home, and the Local Authority would not have power to compel their removal. It is argued also that places where such hospitals have been established have a much larger population than the Borough of Beccles, and in consequence much larger funds at their disposal.

There is no doubt a good deal to be said for the objections such advanced, but the circumstances of different cases vary considerably, and it may be possible to obtain several of the advantages to be derived from isolating the first case of infectious disease, without at the same time running into an expenditure out of all proportion to the benefits derived. The Borough of Beccles contains a population of between six and seven thousand persons, a large proportion consisting of children and young persons between the ages of 15 and 25, who are especially liable to be affected by the zymotic class of disease; Beccles is also an important railway junction, and during the summer months has constant communication with the large watering places on the east coast, and is also gradually becoming a summer resort for visitors who are fond of boating and fishing on the Waveney, and Norfolk Broads, as well as those who migrate to Beccles when Yarmouth and Lowestoft overflow. This free communication with the outer world, and tendency to become a visitor's resort, render it more especially important for the well-fare of the place that the spread of infectious disease should be guarded against in every possible way. If an isolation hospital should be established, the three diseases for which it would be most frequently required are scarlet fever, typhoid fever and small-pox; if either of these diseases break out in a house of business, and no means provided for the isolation of the patient, it very seriously interferes with the carrying on of the business, and in some instances obliges the complete closure of the house, as was the case some years ago, when small-pox was imported into one of the public houses in the Borough. Scarlet fever is frequently brought into the town from the surrounding villages, and owing to its contagiousness amongst children, it very quickly spreads unless means can be taken to isolate it at first. It is also the most fatal of the epidemic diseases affecting children. Typhoid fever is also brought into the Borough generally by fishermen from the sea-port towns of Yarmouth and Lowestoft; and owing to the nature of the exciting cause of that disease, the early removal of the patient to a suitable infectious hospital is a matter of primary importance. The necessity of such a building for the isolation of cases of small-pox is a matter about which the Sanitary Authority have already had some practical experience.

There seems to be no reason why the Sanitary Authority should go to any great expense in the matter. The erection of a building made of galvanized iron, capable of holding from six to eight persons, and constructed according to the plans suggested in a memorandum forwarded by the Local Government Board, or the purchase of two cottages in the suburbs of the town, would not be a very costly affair. In the first instance a man and his wife to look after the building might be all that would be required, the wife assisting, if necessary, in the nursing of the patients; the patients admitted would generally be required to provide for their own maintenance, only in exceptional cases might it be advisable for the Sanitary Authority to defray them; if the patient was admitted from a place of business the cost of maintenance would be defrayed by the owner of the business, and in the long run would be a much smaller expense to him than running the risk of keeping an infectious disease on his premises for several weeks, and if the patient should be a child in a family where the father is employed in a factory or large establishment where several hands are employed, the cost of maintenance might be defrayed by a fund provided especially for that purpose by the owner of the factory. In the case of the very poor the present means at the disposal of the parochial authorities would be sufficient. For these reasons it seems to me that the establishment of an isolation hospital in the Borough would be desirable, and would be the means of preventing an outbreak on many occasions; and at the same time this object might be obtained without entailing much increased expenditure on the part of the Sanitary Authority.

According to the Inspector of Nuisance's Journal, 30 cases have been brought under the notice of the Sanitary Authority and orders relating to the same have been complied with, only in one instance was it necessary to resort to legal proceedings. Houses in which scarlet fever occurred have been disinfected under the superintendence of the Inspector of Nuisances. And the schools have been fumigated with sulphur by the direction of the Sanitary Committee.

At the present time there are 26 licensed cow-keeper's premises, containing 227 cows. The premises belonging to them and the slaughter-houses have been regularly inspected during the past year, and kept in good order.

There are five registered gunpowder premises including one for fire-works, as well as three dealers in Benzoline and eleven in paraffin.


The two common lodging houses have been periodically inspected, and kept in a satisfactory manner.

The monthly and quarterly inspections of the different licensed and registered premises have been regularly carried out.

EDWARD B. CROWFOOT,  
Medical Officer of Health.

Beccles,  
January 22nd, 1896.





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